

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591,431

FILING DATE

09-01-06

APPLICANT(S)

06-11-08 CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3	2		1		1	
4	10		1		1	
5	8		1		1	
6	8		1		1	
7	1		1		1	
8	1		1		1	
9			1		1	
10	1		1		1	
11	2		1		1	
12	8		1		1	
13	1		1		1	
14	8		1		1	
15	8		1		1	
16					1	
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TOTAL IND.	1		1		1	
TOTAL DEP.	16	←	14	←	16	←
TOTAL CLAIMS	17		15		17	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						